



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

SITE NUMBER (to be assigned by HQ)

2

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME <u>NEPERA CHEMICAL</u>		B. STREET (or other identifier) <u>ROUTE 17</u>	
C. CITY <u>HARRIMAN (VILLAGE OF)</u>	D. STATE <u>N.Y.</u>	E. ZIP CODE <u>10926</u>	F. COUNTY NAME <u>ORANGE</u>
G. OWNER/OPERATOR (if known) 1. NAME <u>NEPERA CHEMICAL</u>		2. TELEPHONE NUMBER <u> </u>	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION <u>LARGE MFR COMPLEX & 1000 DRUMS, MAY CONTAIN WASTES & RAW MATERIAL. CLOSE TO SCHOOL + HOMES - AIR EMISSION PROBLEMS</u>			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) <u>CITIZEN COMPLAINT + AIR FACILITIES INSPECTION</u>			K. DATE IDENTIFIED (mo., day, & yr.) <u>2-4-80</u>
L. PRINCIPAL STATE CONTACT 1. NAME <u>JOHN HARRISON DEC III</u>		2. TELEPHONE NUMBER <u>914 761-6660</u>	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN		
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input checked="" type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <u>EPA</u> <input type="checkbox"/> 3. SITE INSPECTION NEEDED (low priority)		
C. PREPARER INFORMATION 1. NAME <u>ERNEST SCHMALZ</u> 2. TELEPHONE NUMBER <u>264-1574</u> 3. DATE (mo., day, & yr.) <u>02-08-80</u>		

III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): <u>2834</u>	
C. AREA OF SITE (in acres) <u>6 ACRES</u>	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) <u> </u> 2. LONGITUDE (deg.-min.-sec.) <u> </u>
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <u>MANUFACTURING COMPLEX</u>	



CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

STORAGE IN DRUMS OF VAST AMOUNTS OF MATERIAL -
ALLEGED TO BE DISPOSED OF IN OWN (NEW) INCINERATOR

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☒ 1 UNKNOWN ☐ 2 LIQUID ☐ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1 UNKNOWN ☐ 2 CORROSIVE ☐ 3. IGNITABLE ☐ 4 RADIOACTIVE ☐ 5 HIGHLY VOLATILE
☐ 6 TOXIC ☐ 7 REACTIVE ☐ 8 INERT ☐ 9 FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

UNKNOWN

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			<input checked="" type="checkbox"/> (11) OTHER (specify): PYRIDINE WASTE		

V. SITE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

PYRIDINE + OTHER CHEMICAL + PHARMACEUTICAL WASTE

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

AIR EMISSION PROBLEM IN MFR OF PYRIDINE.
STORAGE OF 1000 DRUMS OF UNKNOWN PRODUCTS

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR	X			
12. NOTICEABLE ODORS	X			
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☒ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): AIR

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
INSPECTION	07-12-79	EPA	AIR EMISSION MONITORING

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

Name & Address

Nepero Chemical Co
Route 17
Harriman ny

County

Orange

Site Number

NY 000004940

Staff Responsible

E Schnitz

Agency Responsible

____ EPA ____ State ____ None

Preliminary Assessment Rating

medium

Date of Assessment

2-8-80

Tentative Disposition

Remedial Action - State

Date of Disposition

7/10/80

Site Inspection Requested

☒ Yes ____ No

Date of Request

3-6-80

Date of Inspection

4-22-80

Date of Report

6-10-80

Site Inspection Rating

Low

JRB RatingSampling Requested

____ Yes ____ No

Date of RequestDate of SamplingDate of Report

Final Strategy Determination -
(based on sampling results)

Date of DeterminationEnforcement by EPA

____ Yes ____ No

Date of Case Development PlanEnforcement Team Leader

Technical Staff -

Legal Staff -

S&A Field Staff -

FIT Staff -

Enforcement Case Filed DateAdministrative Order Issued Date

I. Site Name

Nepera Chemical
Village of Harriman, New York (Orange, County)

II. Background

This site was brought to our attention by a citizen letter to the Justice Department. The letter mentioned air sampling by EPA during the Summer of 1979 and the great quantities of chemicals stored on the premises, 1/4 mile from the regional kindergardens.

The odor and air emission situation is being handled by the Air Facilities Branch, who are conducting an ongoing study.

I spoke to several DEC Air Program Staff personnel, but received little data on hazardous waste. All agreed that there were at least 1000 drums, some leaking, stored on the ground at the facility. The plant has a new incinerator which is awaiting federal permits. They also have an old incinerator, which is still in use. It is assumed by DEC that the drum storage is of spent materials and waste from the production of a variety of feed additives, chemicals, and drug components. No one could specify what is stored in the drums, or if the waste is hazardous.

There are no known local wells or water supply sources near the site according to DEC. The kindergarden is located uphill from the plant, although it is very close (1/4 mile).

The Task Force recommends a site visit to establish if hazardous waste is stored and to ascertain its disposition.

This is a medium priority site. The DEC Region 3 engineer is aware of our interest in this site.

This plant is in a highly charged political "arena" and all correspondence may be requested under FOI.



POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION 2 SITE NUMBER NY 00000 4940

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME NEPARA CHEMICAL CO INS
B. STREET ROUTE 17
C. CITY HARRIMAN
D. STATE NY
E. ZIP CODE

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD					
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)					
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)	X		X		
D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION
(mo., day, & yr.)

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED
(mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME E. SCHMIDT
2. TELEPHONE NUMBER 264-1573
3. DATE (mo., day, & yr.) 7/10/80

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo., day, & yr.)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)

d. TYPE OF LAB ANALYSIS			
(1)			
(2)			
e. OTHER (specify)			
(1)			
(2)			

C. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

D. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
OTHER ENVIRONMENTAL SURVEY	7-1-80	N/A	STATE	\$ N/A	MONITOR STATE SUPV OF PERMITS
				\$	
				\$	
				\$	
				\$	
				\$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		

ANALYTICAL CERTIFICATIONS OF BENZENE, FREON ECHL CO.

Sample No.	Net Wt.	Total Wt (g)	Total Vol (ml)	Conc Benz (g/ml)	Conc Benz (g/ml)	Conc Benz (g/ml)
2	986	4.0	113.4	3.70	3.7	15
3	150	4.24	120.2	1.25	1.25	11
4	253	4.0	113.4	2.68	2.68	13
5	133	3.0	85.2	1.57	1.57	11
6	14,400	2.9	82.4	5.33	5.35	11
7	175	5.39	153.5	1.15	1.15	11
8/20	3150 3350	2.75	78.0	94	94	11

1
OF
2

Current Location of File

- ☒ Assessment Staff
☐ Case Development Staff
☐ Enforcement Division
☐ Other

File Holder

E. Schmalz



POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

SITE NAME

NEPERA CHEMICAL

ORANGE COUNTY

CITY

HARRIMAN (VILLAGE OF)

STATE

NY

ZIP CODE

SUMMARY OF POTENTIAL OR KNOWN PROBLEM

LARGE CHEMICAL PLANT & AIR EMISSION PROBLEM & STORAGE OF THOUSAND DRUMS, SOME MAY BE WASTE - ON SITE INCINERATOR (NEW) CLOSE TO POPULATION, SCHOOL & RESIDENCES

ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)
1. IDENTIFICATION OF POTENTIAL PROBLEM	2/8/80	EPA	E. Schmitt	2-8-80
2. PRELIMINARY ASSESSMENT	2/11/80	EPA	E. Schmitt	2-8-80
APPARENT SERIOUSNESS OF PROBLEM: <input type="checkbox"/> HIGH <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> LOW <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN				
3. SITE INSPECTION				
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)				
<input type="checkbox"/> a. NO ACTION NEEDED				
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED				
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED				
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED				
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)				
<input type="checkbox"/> a. NO ACTION NEEDED				
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED				
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE				
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED				
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED				
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED				
6. STRATEGY COMPLETED				